# Congress of the United States Washington, DC 20515

May 17, 2021

Office of Population Affairs
Office of the Assistant Secretary for Health
US Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

**ATTN: Title X Rulemaking** 

Dear Secretary Becerra:

As U.S. Representatives, we are pleased to provide comments to the US Department of Health and Human Services' (HHS) notice of proposed rulemaking (NPRM), "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services," RIN 0937-AA11. We appreciate HHS's prompt efforts to revoke the 2019 Title X regulations. Once finalized, this proposed rule would return Title X to its proper focus on "making comprehensive voluntary family planning services readily available to all persons desiring such services." As such, we urge you to finalize the proposed rule as quickly as possible.

We agree with HHS's statement in the NPRM that "the 2019 rule was a solution in search of a problem, a solution whose severe public health consequences caused much greater problems." When the rule went into effect in July 2019, one-quarter of the service sites in the Title X network withdrew from the program, leaving at least 1.5 million Americans without access to Title X-supported services at the health center they relied on in 2018. Thousands of health centers made an equally painful choice, attempting to comply with an unlawful, harmful rule in order to maintain some access to care in their communities.

As HHS highlights in the proposed rule, federal data bore out the damage of this rule: compared to 2018, when close to 4 million Americans received family planning and sexual health services from Title-X funded providers, 844,083 fewer patients were seen in 2019. This decrease meant that providers were able to offer 280,000 fewer cancer screenings, 1.3 million fewer sexually transmitted disease screenings, and 278,000 fewer confidential HIV tests. [4] Additionally, hundreds of thousands of people lost access to contraceptive care due to the rule. [5] The preliminary numbers for 2020, as shared in the proposed rule, are even worse —only an estimated 1.5 million people received Title X-supported services in 2020, a loss of 2.5 million people from the network in just two years. [6] Perhaps most alarmingly, six states have had no Title X funded providers for almost two years, leaving nearly 19 million people without access to these critical services in their state. [7]

The network cannot begin to recover from the harm of the 2019 rule without a return to the previous standards for the program, as you have proposed. And, given the urgency of this situation, we urge that return to happen as swiftly as possible, with an implementation period of no more than 30 days.

We recognized the severity of this crisis and sought to block the 2019 rule, including language to do so in appropriations bills that passed the House in 2019 and 2020. [8] Regrettably, Senate leadership at the time did not consider these proposals, and the rule continues to stand. We applaud the Biden administration for taking action to right this wrong. This year, we included \$50 million in supplemental funding for the Title X family planning program in the American Rescue Plan, given the critical importance of family planning access during a global pandemic. [9] HHS can make best use of these funds by quickly finalizing this NPRM and then allowing funds to flow to communities with the greatest need, especially areas of the country that now have no Title X providers.

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Our recent work builds on the bipartisan work of the Congress that enacted the Title X program in 1970 in order to make "comprehensive voluntary family planning services readily available to all persons desiring such services.' Over its 50-year history, Title X has been invaluable in the provision of high-quality family planning and preventive health care to millions of individuals, most of whom are low-income and have extremely limited access to health care. For example, a 2018 study found that 60 percent of the women who received contraceptive care from Title X-funded health centers had seen no other medical provider in the previous year. In 2019, 41 percent of Title X patients were uninsured, and 38 percent had Medicaid or other public health insurance.

The 2019 rule drastically undermined this critical program, to the significant detriment of the public's health. We therefore support the NPRM's revocation of the 2019 rule and its readoption of the regulations that successfully governed the Title X program for decades, with some important modifications.

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On the whole, we are very supportive of the NPRM as written. For emphasis, we have detailed below several parts of the NPRM that are especially important, as well as a few opportunities for even greater progress toward Title X's congressionally supported mandate to make family planning accessible to all who need it, regardless of their ability to pay.

### Promoting Health Equity

We are especially pleased to see the Department's focus on health equity in this NPRM. As evinced by our recent experience with COVID-19, people in the United States continue to have different health outcomes based on their race, ethnicity, income, ability status, age, gender, and many other factors.<sup>[13]</sup> We are particularly encouraged by this prioritization with regards to these important health services. We believe, as you do, that all people deserve access to client-centered, culturally competent, linguistically appropriate, and equitable health care.<sup>[14]</sup> As a part

of this important goal, we are pleased to see the Department return their focus to the statutory mandate of the Title X program to prioritize people with low incomes.<sup>[15]</sup> We support the Department's stance that patients be allowed to self-report their income, removing an unnecessary potential barrier to care.

## Increasing Access to Highly Qualified Providers

We welcome the opportunity to comment on the harm caused when state governments bar qualified providers from participating in the Title X program. Specialized reproductive and sexual health care providers, including Planned Parenthood affiliates, play an important role in the nation's health care safety net, and we agree that state restrictions on subrecipient eligibility unrelated to a subrecipient's ability to deliver Title X services undermines the mission of the program.

To further strengthen the proposed rule, we urge you to include explicit language that will ensure their ability to participate in this important program, regardless of whether they offer abortion or other services outside of Title X. This change will make it possible for more providers to serve more patients in communities across the country, helping to fulfill Title X's core mission.

## Ensuring Confidential Care

We are pleased to see that the proposed rule would allow providers to return to the high standard of confidentiality that all patients, including adolescents, deserve when accessing health care services, especially ones as potentially sensitive as family planning and sexual health. We were dismayed to see the Trump administration's requirements that providers push adolescents to disclose more information than needed for appropriate medical care and to demand family participation in almost all cases.<sup>[16]</sup> We encourage you to take all possible steps when finalizing the rule to ensure that adolescents are treated with the same client-centered approach as all other patients at Title X-funded health centers and that the confidentiality protections that have been a hallmark of the Title X program are restored, clearly and plainly.

#### Upholding Evidence-Based Standards of Care

Finally, we are grateful for your leadership in ensuring access to all services in as many communities as possible across the country. We are deeply concerned by the ways in which the Trump administration's rule opened the door for Title X projects that do not support the full range of contraceptive methods and explicitly welcomed providers to refuse to provide full pregnancy options counseling, a particularly important and time-sensitive health care service. This NPRM appropriately restores the focus of Title X on providing a broad range of FDA-approved contraceptive methods and access to complete and accurate medical information, keeping the focus on the needs and wishes of the patient. The NPRM restores confidence in the Title X program by ensuring that clients receive the counseling, including referrals, that they want, rather than only those a provider wants to give. We are further heartened by your reliance on nationally recognized, evidence-based clinical standards, such as the Quality Family Planning guidelines.

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For 50 years, the Title X family planning program has been a critical underpinning of the public health safety-net infrastructure that serves millions of low-income people each year. We appreciate the opportunity to comment on this important matter.

Sincerely,

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<sup>[1]</sup> The Family Planning Services and Population Research Act of 1970, Public Law 91-572, <u>U.S. Statutes at Large</u> 84 (1971): 1504.

<sup>[2]</sup> Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services, 86 *Federal Register* 19812 (proposed April 15, 2021) (to be codified at 42 CFR 59).

<sup>[3]</sup> Ruth Dawson, "Trump Administration's Domestic Gag Rule Has Slashed the Title X Network's Capacity by Half," Guttmacher Institute (February 5, 2020). www.guttmacher.org.

<sup>[4]</sup> Christina Fowler et al, "Family Planning Annual Report: 2019 National Summary," Office of Population Affairs (September 2020). <a href="https://opa.hhs.gov/">https://opa.hhs.gov/</a>.

<sup>[5]</sup> Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services, 86 *Federal Register* 19812 (proposed April 15, 2021) (to be codified at 42 CFR 59).
[6] Ibid.

<sup>[7] &</sup>quot;2020 Census Apportionment Results," U.S. Census Bureau (April 26, 2021). www.census.gov.

<sup>[8]</sup> U.S. Congress, House, Labor, Health and Human Services, Education, Defense, State, Foreign Operations, and Energy and Water Development Appropriations Act, 2020 HR 2740, 116<sup>th</sup> Congress, 1<sup>st</sup> Session, Introduced May 15, 2019. <a href="https://www.gpo.gov">www.gpo.gov</a>; U.S., Congress, House, Defense, Commerce, Justice, Science, Energy and Water Development, Financial Services and General Government, Labor, Health and Human Services, Education, Transportation, Housing, and Urban Development Appropriations Act, 2021, HR 7617, 116<sup>th</sup>Congress, 2<sup>nd</sup> Session, Introduced July 16, 2020. <a href="https://www.gpo.gov">www.gpo.gov</a>.

<sup>[9]</sup> American Rescue Plan Act of 2021, Public Law 117-2.

- [10] The Family Planning Services and Population Research Act of 1970, Public Law 91-572, <u>U.S. Statutes at Large</u> 84 (1971): 1504.
- [11] Megan L. Kavanaugh et al., *Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016*, 50 Perspectives on Sexual & Reproductive Health 101, 105 (Sept. 2018), <a href="https://onlinelibrary.wiley.com/doi/epdf/10.1363/psrh.12061">https://onlinelibrary.wiley.com/doi/epdf/10.1363/psrh.12061</a>.
- [12] Christina Fowler et al, "Family Planning Annual Report: 2019 National Summary," Office of Population Affairs (September 2020). https://opa.hhs.gov/.
- [13] Centers for Disease Control and Prevention, "COVID-19: Health Equity Considerations and Racial and Ethnic Minority Groups," U.S. Department of Health and Human Services (April 19, 2021). www.cdc.gov.
- [14] Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services, 86 *Federal Register* 19812 (proposed April 15, 2021) (to be codified at 42 CFR 59).
- [15] The Family Planning Services and Population Research Act of 1970, Public Law 91-572, <u>U.S. Statutes at Large</u> 84 (1971): 1504.
- [16] Office of the Assistant Secretary for Health, Office of Secretary, US Department of Health and Human Services, "Compliance with Statutory Program Integrity Requirements," *Federal Register* 84 (March 4, 2019): 7714-7791.
- [17] Office of the Assistant Secretary for Health, Office of Secretary, US Department of Health and Human Services, "Compliance with Statutory Program Integrity Requirements," *Federal Register* 84 (March 4, 2019): 7714-7791.